

# HOUSE BILL REPORT

## HB 1651

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### As Passed Legislature

**Title:** An act relating to allowing providers to bill separately for immediate postpartum contraception.

**Brief Description:** Allowing providers to bill separately for immediate postpartum contraception.

**Sponsors:** Representatives Thai, Macri, Bateman, Ryu, Berry, Ramel, Duerr, Valdez, Callan, Cody, Davis, Simmons, Bergquist, Kloba, Pollet, Frame, Harris-Talley and Taylor.

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 1/13/22, 1/19/22 [DP].

**Floor Activity:**

Passed House: 1/26/22, 95-2.

Passed Senate: 3/3/22, 45-2.

Passed Legislature.

### Brief Summary of Bill

- Requires health plans to allow providers to bill separately for devices or professional services associated with immediate postpartum contraception.

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### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** Do pass. Signed by 15 members: Representatives Cody, Chair; Bateman, Vice Chair; Schmick, Ranking Minority Member; Caldier, Assistant Ranking Minority Member; Bronoske, Davis, Harris, Macri, Maycumber, Riccelli, Rude, Simmons, Stonier, Tharinger and Ybarra.

**Staff:** Jim Morishima (786-7191).

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.*

**Background:**

Most insurers are required to provide coverage for intrauterine devices and contraceptive implants, also known as long-acting reversible contraception (LARC). The state Medicaid program reimburses for immediate, postpartum LARC insertion if billed separately, as opposed to as part of the global obstetric procedure. This does not include facility services, which may not be unbundled from a hospital's facility claim.

**Summary of Bill:**

For births taking place in a hospital or birthing center, a health plan, including a health plan offered to public employees, must allow a provider to bill separately for devices, implants, or professional services associated with immediate postpartum contraception and may not consider such devices, implants, or services to be part of any payments for general obstetric procedures. The requirement applies to plans issued or renewed on or after January 1, 2023, but does not apply to facility services associated with the contraception.

"Immediate postpartum contraception" is defined as the postpartum insertion of intrauterine devices or contraceptive implants performed before the patient is discharged from the hospital or birthing center and includes the devices or implants themselves.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony:**

(In support) The main reasons for this bill are increasing accessibility, adhering to best practices, and providing services in a cost-effective manner. Long Acting Reversible Contraception (LARC) is effective with few contraindications. Administration of postpartum LARC prior to discharge is the best practice—it reduces unwanted pregnancy and short turnaround pregnancies. This has many positive outcomes, including higher patient satisfaction, longer use, cost savings, and fewer adverse outcomes. Medicaid allows separate billing for LARC, but some private insurers do not. Inconsistent payment practices for LARC leads to patients receiving unequal treatment and causes confusion. This confusion forces patients to undergo the procedure in follow-up appointments. This creates a barrier for patients who might have trouble getting to an appointment. These products are expensive and providers are unable to afford to provide these services if they are part of a bundled payment. One group of patients should not be targeted for certain forms of contraception over others. This bill helps overcome the history of coercion in health care. Private insurers should follow suit with Medicaid. The payment methodology required in

this bill is recommended by the federal government and the Bree Collaborative.

(Opposed) None.

**Persons Testifying:** Representative My-Linh Thai, prime sponsor; Kate McLean, American College of Obstetricians and Gynecologists; Ginny Weir, Bree Collaborative; and Liz Elwart, Upstream USA.

**Persons Signed In To Testify But Not Testifying:** None.